

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
P.E. DETERMINATION	<i>mpert</i>		<i>6/10/61</i>
O.L.E. CLASSIFIER	<i>MT</i>		<i>6-23-61</i>
FORMALTY REVIEW	<i>Q.B.</i>	<i>1078</i>	<i>08/07/61</i>
RESPONSE FORMALTY REVIEW	<i>TA</i>	<i>1113</i>	<i>10-20-61</i>

INDEX OF CLAIMS

\_\_\_\_\_ Rejected  
 \_\_\_\_\_ Allowed  
 (Through number) \_\_\_\_\_ Cancelled  
 \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 Q \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
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Best Available Copy

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 10/24/61  
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